



#182
Dutta
5-21-04

03500.014025

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: H. Akhavannik
Jun YOSHIDA, ET AL.)
: Group Art Unit: 2621
Appln. No.: 09/440,467)
: Filed: November 15, 1999)
: For: DATA PROCESSING) May 13, 2004
: APPARATUS AND METHOD,)
: AND STORAGE MEDIUM)
: THEREFOR)

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MAY 17 2004

Technology Center 2600

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated February 13, 2004, please amend the application as indicated below.

In re Application of:

JUN YOSHIDA, ET AL.

Application No.: 09/440,467

Filed: November 15, 1999

For: DATA PROCESSING APPARATUS
AND METHOD, AND STORAGE
MEDIUM THEREFOR

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ Additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	14	MINUS	27	= 0	x \$9 \$18	\$ 0.00
INDEP. CLAIMS	3	MINUS	15	= 0	x \$43 \$86	\$ 0.00
Fee for Multiple Dependent claims \$135°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0.00

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

Docket No.: 03500.014025

Examiner: H. Akhavannik

Group Art Unit: 2621

Date: May 13, 2004

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- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a ____ month extension is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Brian L. Klock
Registration No. 36,570

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